Learning Conversation Notes				
Name of Partner: Early Childhood		Date: June 9.	Date: June 9, 2005	
Relationship Support Project				
When Served: July 1, 2005 to Present				
Number of Children Served:		Number of 0	Number of Children Served:	
20 with children present		319 without children present		
Gender:	Ethnicity:	Gender:	Ethnicity:	
16-Male	17 - Caucasian	147-Male	233 - Caucasian	
4-Female	1 - African Amer.	172-Female	26 - African Amer.	
	1 – Hispanic		48 – Hispanic	
	1 – Other		3 – Asian	
			3 – Native American	
			6 – Other	
Ages: 1 yr (2), 2 yr (3), 3 yr (8), 4 yr (6), 5 yr (1)		Ages: Not a	vailable	

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Outcomes:

- Children are in supportive relationships with primary care givers and are able to demonstrate emotionally appropriate behavior.
- Children who are not eligible for categorical services will have access to early childhood mental health services.
- A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.
- A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.
- The percentage of money used for direct services now funded by First 5 will decrease by ten (10%) percent.

Performance Measures:

- Demographics (number of 0-5 served by gender, age, and when services were provided).
- PIRGAS ASQ-SE
- Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds.
- Post training survey, roster of trainers who are implementing the model.
- Service delivery policy and MOU's with collaborative partners.
- Non First 5 funds received and used in direct services.

What is this data telling us about achievement of outcomes?

The 20 children served directly were possible because the primary caregiver wanted the direct consultation to occur.

An example of reasons for consulting with ECRSP would be primary caregivers' desire to have alternative methods of disciple other than spanking.

There is a trend of male children demonstrating externalized behaviors. Girls are internalizing emotions, and there is a need to focus on finding a method to identify these girls.

The 0-1 year old population needs to be targeted. Infant mental health is in its infancy, and recognizing behaviors is more difficult at that age.

The majority of children served directly are in the 3-4 year age group.

Children served were primarily Caucasian – which is fairly typical of referrals to mental health and Placer County demographics.

Staff is working on consultants being cross-trained in order to provide quality service to each family served.

PIRGAS is a tool used to measure the relationship of the child with the primary caregiver.

ECRSP is feeling more comfortable with the PIRGAS scores. The score is derived from an interview with parents, observations, and a prescribed protocol.

At least 12 of the 20 children directly served were seen for at least 2 months. Referrals were based on the child showing developmentally concerning social-emotional behaviors.

The scoring does not necessarily capture the full scope of the relationship. For example, capturing the effect of trauma may not show up. The resiliency and adaptiveness of children makes it hard to recognize problems in the early stages.

The caregiver's rating of the child gives the consultant an insight regarding how the child is perceived by the caregiver.

80% of dyads with PIRGAS ratings were rated as having a tendency towards a relationship disorder between the primary caregiver and the child at the onset of therapeutic intervention.

10%, or 1, was diagnosed with a relationship disorder.

Of the dyads with repeat observations, 80% of the relationships showed a tendency towards improvement, with 40% moving up a category.

What is this data telling us about achievement of outcomes? (Con't)

If a parent feels good about their own skills as a parent, their relationship with the child will be better. For example, if the parents' attitude about childcare is good, the child's adjustment is apt to reflect the parents' attitude.

Of the 27 children served so far in this fiscal year through Preventive & Therapeutic Intervention consultations with direct child involvement - 22 children were funded by First 5, and 5 were funded by other methods.

There are many children who need services who do not qualify under any specific category. First 5 allowed that no one has been turned away and children are getting services.

250 people attended Dr. Perry's training. Four of thirteen were from 9 core agencies. Of the four, 2 were from PCOE Child Development and 2 were from ARC. This speaks to the sustainability outcome as stated above.

ITSAW (Infant Toddler Systems Action Workgroup) is a monthly training meeting that insures ongoing training for core training institute participants.

Services needing short-term consultation and referral seem to be a result of more competent consultations by the partner agencies making referrals to ECRSP.

Six MOU's with partner agencies are complete. There are two left to complete.

Over 35% of the direct service funds (budget of \$97,000) were from non First 5 funds.

In what ways will we apply what we have learned from our data?

Findings after service indicate the services provided are achieving the outcomes.

The ASQ-SE is more helpful as a tool for referral to other services. The ASQ-SE is used by ECRSP more to begin to understand the parents perception of the child, rather than as an assessment of the child.

PIRGAS will be utilized in short-term consultations.

ECRSP feels that by consulting with other referral agencies they can help more people than the prescribed 14-15 per clinician.

Administration of the project is going very well. Jackie and Michael are available to provide adequate focus to administering the project.

Other points that were made during the conversation:

It is possible the child's developmental age could trigger a change in the parent's attitude.

There is concern there could be a limitation to children being served because of the number of clinicians available.

Next Steps:

Break out by group children not present, and individual children served.

Will be working to improve collection of demographic data.

Examination of the low ethnic diversity, lower population of female children and low number of 0-1 year olds being served indicates the need for more outreach, promotion, and preventive intervention to underserved populations.

ITSEA (Infant Toddler Social Emotional Assessment) and BITSEA (Brief Infant Toddler Social Emotional Assessment) are assessment tools that ECRSP will start using to evaluate social-emotional development.

ECRSP is developing an "Authorization to Share Information" amongst collaborative members that will allow improved service to children and families through better coordination.

Need to develop a way to measure the competency and skills of core participants in the training institute.

Next learning conversation in November 2005